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AUTHOR Bergman, Irwin B.
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ABSTRACT

Queensborough Community College (New York) is pilot-testing a learning clinic which, through the use of a multi-disciplinary faculty team, provides psycho-educational diagnosis to area youths with learning problems at no charge. The faculty team consists of individuals from the college's counseling, basic skills, and speech departments, along with a college physician, a secretary, the center coordinator, and the dean of instruction. Referrals to the clinic, emanating from local schools and other sources, are channeled to the clinic coordinator who then assigns faculty members to the case. Typically, the clinic's procedures involve the following steps: (1) elicit information about the youngster from his school using a specifically designed questionnaire; (2) interview the student and his/her parents separately and then together; (3) provide psychological testing and a physical examination; and (4) conduct a case conference during which specific recommendations are reached and passed on to the family. Despite disadvantages, including potential legal problems and instances where the diagnosis uncovers problems too difficult for the clinic to handle, experience with the clinic has shown that it provides a needed community service and, at the same time, affords the faculty professional development opportunities. The study report includes the questionnaire and descriptions of some of the clinic's cases. (JP)

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A LEARNING CLINIC WHERE ALL PARTICIPANTS LEARN

by Irwin B. Bergman, Ed.D.
Ass't Professor,
Department of Basic Educational Skills,
Queensborough Community College,
Bayside, New York

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Community Colleges strive, ideally, to provide meaningful educational challenges for students, faculty members, and the community at large. When a community college, or any other educational institution, initiates a program which actually does simultaneously provide an active learning experience for students, faculty, and for members of the community, further study of that program appears merited.

Learning clinics at educational institutions are primarily established to assist the individual who is experiencing learning difficulties. At Queensborough Community College (QCC) in Bayside, New York, a learning clinic has been initiated and is functioning with somewhat different goals and objectives. The individual with the learning difficulty is still the focus of attention, but the scope of the clinic also extends somewhat beyond that.

It was felt at the time of inception of the clinic that the clinic, in addition to providing assistance to elementary and secondary school youngsters in the community with learning problems, also could serve as an important source for professional growth and as an excellent opportunity for faculty members to learn actively and intensively about important academic disciplines different from, but closely related to, their own.

It was decided by the college administration that in order to assess the soundness of this approach in actual practice, it would be best to proceed at first on a pilot project basis, with no fee charged to users of the clinic and no remunerations offered to faculty volunteering for the project. The nucleus of the faculty team consists of instructors from the college's

counseling, basic skills (reading and writing skills), and speech departments along with the college physician, a secretary and coordinator, and the dean of instruction. Instructors are used on a rotating basis as each new case comes under the clinic's jurisdiction.

Although each case is somewhat different, the "typical" administrative procedure can be briefly described. Referrals to the clinic emanating from local schools or other sources, are channeled to the clinic coordinator, who then contacts and assigns faculty clinic members to the case. A detailed questionnaire, prepared by the late Mr. Lional Zamore of the Learning Clinic, elicits information about the youngster from his or her school. (See Appendix A at the back of the report). An intake interview, conducted by a member of the college counseling staff then takes place. The student being referred and parents are interviewed separately and then as a group. Factual information is gathered, and an attempt is made to gather subjective input about the problem from the family participants. (It is fascinating to note how divergent the individual perceptions in some of these cases are.) The interview is followed up, usually over the next week or two, by psychological testing, a physical examination, an evaluation, all conducted by appropriately skilled and trained specialists of the clinic. Each specialist prepares a written report which is submitted to the clinic coordinator. A case conference involving the participating specialists is then arranged. All participants are provided with copies of the report of the other specialists at least several days in advance.

At the case conference each specialist presents his or her findings and recommendations followed by group discussion. Classroom teachers of the students have, when possible, attended these conferences to provide their valuable input. Recommendations arrived at are passed on shortly afterwards to the family of the student, with a follow-up inquiry and an offer of further assistance made, if warranted.

A brief summary of some of the cases handled by the QCC Learning Clinic is provided in Appendix B at the back of this report to give the reader a more precise idea of the nature and widespread range of cases which are handled by the Clinic.

What are the strengths and accomplishments of this type of clinic? The opportunity for the student and his family to obtain expert in-depth diagnosis of the learning problem at hand at no financial cost is quite apparent. The local schools, which may not have the time and/or specially trained personnel to conduct a similar diagnosis, but are often in a position to provide the presented remediation benefit. Students attending the college who are majoring in various aspects of education may attend (with appropriate permission) the various testing and evaluative sessions to directly experience the processes and techniques which are employed.

This type of service is in the best tradition of, as is specified in its name, a community college.

From this writer's own point of view as a junior college reading specialist, the experience has been both broadening and stimulating. The opportunity to listen to and interact with other educational specialists about the complex learning problems of a student, and to gain a clearer picture of the whole individual with the assistance of other professionals

is a concept which is often touted in theory, but occurs in actual practice all to infrequently. The Clinic provides a healthy perspective and reminder that basic learning problems experienced by some students upon entering college often are deep-seated and have origins in the early school years and/or the home environment.

As is true in many situations involving the interaction of people in a cooperative venture, certain problems have presented themselves on occasion. These can be relatively minor, such as when students and parents do not show up for scheduled appointments--fortunately, an infrequent occurence. Unfortunately, problems of a more serious nature also intrude. There have been instances where the diagnosis uncovers complex factors such as possible brain damage, neurological disorders, or severe emotional maladjustments for which the clinic has neither the personnel nor the facilities to treat. (Gilmore, 1975) It is not always easy, it is sad to state, to obtain commitments from the involved family to avail themselves of additional examinations and treatments at another facility particularly if it might be time consuming and/or involve some financial outlay.

As has been pointed out in the literature, certain guidelines ought to be closely followed in the operations of a professional clinic to avoid possible unfortunate legal entanglements. (Muia and Connors, 1978). The Queensborough Learning Clinic tries to adhere to these guidelines scrupulously. For example, if a testing procedure is to be observed and/or taped for future instructional use, the parents are made aware of this fact. All information obtained in any interview are held in strict confidence unless a release stating otherwise is obtained.

The positive outcomes which have resulted from this type of a learning clinic appear to outweigh any of its limitations.

It offers an interdisciplinary approach to complex learning problems in the best tradition of educational theory and practice. It provides a needed and useful service to individuals and schools in the local community. It offers interested students at the college an opportunity to observe first-hand what they have only been reading about or discussing in their classes. It is a process from which all participants, professionals and non-professionals alike, can and do learn.

REFERENCES

Gilmore, C.P. "The Strange Malady Called Learning Disability," The New York Times Magazine March 2, 1975, Section 6 Part I, 14-21.

Mula, Joseph A. and Eugene T. Connors, "Legal Entanglement of Reading Clinic' Diagnostic Procedures." Journal of Reading, XXI (January, 1978), 321-28.

APPENDIX A

SCHOOL QUESTIONNAIRE

SCHOOL QUESTIONNAIRE - SUPPLEMENTAL INFORMATION FROM SCHOOL

The pupil whose name appears below is receiving psychoeducational diagnostic help by the Learning Clinics of QCC. Please complete this form on the basis of school records and/or information the pupil's teacher or other school official may have. (This pupil's parent or guardian has given us written authorization to obtain information from the school.)

School Number_____ Pupil Case Number_____

Name of pupil:_____
(Last name) (First name) (Middle name)

Home address (for identification)_____

_____

1. Birth date:_____
(Month) (Day) (Year)

2. Present grade placement of this child_____

Note: If this grade placement is qualified in any way, please do indicate. (e.g., "Fourth generally, but placed with third grade for _____ (specify")_____

3. Have any grades been skipped or double promotions given?____Yes ___NO

4. Have any grades been repeated for any reasons? _____Yes ____No

5. If "Yes" above, given reason:____academic failure
_____social immaturity _____excessive absenteeism
_____other (specify)_____

6. Has this child been absent from school an unusual number of times or for an unusually long period in the most recent 6 months for which you have attendance records:
____Yes ____No ____Don't know ____Not applicable

7. If "Yes" above, what is the main reason for the absence?
_____Illness of child ____Illness in family
_____Other (specify)_____
_____Unknown ____Not applicable

8. If the following special resources were available, check those you would recommend for this child:

a. _____Special provision for hard of hearing.
b. _____Special provision for "sight saving".
c. _____Speech therapy.
d. _____Special provision for orthopedically handicapped.
e. _____Special provision for gifted children.
f. _____Special provision for "slow learner".
g. _____Class for mentally retarded.
h. _____Special provision for emotionally disturbed.
i. _____Other (specify)_____
j. _____None of above.

9. If you have checked any of the above items "a" thru "i", are the particular resources checked available for this child?

_____Yes (If several checked, specify which available:_____
_____)

_____No _____Not applicable.

10. If "Yes" above, are those resources being used by the child?

_____Yes _____No

11. If "yes" in item 9, but "No" in 10, what is the reason?_____
_____

11. Which one of these statements most accurately described this child?

_____A. His adjustment is at times a concern. You think of him as a problem or future problem.
_____B. Unusual in his ability to cope with normal situations. At least occasionally have thought of him as "unusually well adjusted."
_____C. You rarely think of him in terms of his behavior. He is not described by A or B.

12. As you know, the ability to pay attention to a task and to sustain attention (concentrate) changes with age, although children of the same age differ. Check the item which best describes the child in the classroom situation.

_____A. Pays attention as well as most children his age.
_____B. Characteristically is more attentive than others his age.
_____C. Characteristically is less attentive than others his age.
_____D. No basis for judging which of above fits this child.

13. In the classroom situation which one of these statements most nearly describes this child?

_____A. Almost constantly moving, inappropriately talks out loud, drops things, leaves his seat when he should not, finds reasons to be "on-the-move".

_____B. Slightly more restless than most children his age. But usually is not a problem in the classroom.

_____C. Show average amount of restlessness if fatigued, bored, etc. Motor activity level is as expected for his age.

_____D. Remains quiet long after the average child has become restless. Sometimes seems too controlled for his age.

_____E. No basis for judging which of above fits this child.

14. Below are a list of statements which may or may not describe this child. If the statement is description of him/her, place a check mark (✓) in from of the statement. If it does not describe this child, leave the space blank. (You may check several items).

_____A. Other children frequently accuse him of fighting.

_____B. "Accidentally" trips, shoves or hits other children. Is too "rough" with other children.

_____C. Frequently comes to your attention because he has been injured.

_____D. Aggressive behavior frequently makes disciplinary action necessary.

_____E. Children frequently complain that he uses bad words.

_____F. Parents of other children call to complain about his behavior.

_____G. No method of discipline seems to work with him.

_____H. No basis for judging about this child in these areas.

_____I. None of above statements describe this child.

15. How frequently is any specific disciplinary action required for this child?

_____A. Frequently _____B. Occasionally

_____C. Never _____D. No basis for judging which of above fits this child.

16. When children "choose sides" is this child usually

_____A. Among the first few to be chosen.

_____B. Neither among the first nor the last ones chosen.

_____C. Almost always among the last ones chosen.

_____D. Relationship to group so changeable you can't predict order in which he would likely be chosen.

_____E. No basis for judging which of above fits this child.

17. When a leader is chosen by the group, is this child

_____A. Chosen more frequently than the average child.

_____B. Chosen about as often as the majority of the children.

_____C. Almost never chosen.

_____D. No basis for judging which of above fits this child.

18. With respect to intellectual ability, would you judge this child to be:

_____A. About average for his age (neither in the top-about one-fourth, nor the bottom-about one-fourth)

_____B. Clearly above average for his/her age (In about the top fourth).

_____C. Clearly below average for his/her age (In about the bottom fourth).

_____D. No basis for judging this child.

19. With respect to academic performance, would you judge this child to be:

_____A. About average for his/her age (neither in the top-about one-fourth, not the bottom - about one-fourth).

_____B. Clearly above average for his/her age (in about the top fourth).

_____C. Clearly below average for his/her age (in about the bottom fourth).

_____D. No basis for judging this child.

20. How long have you (the person providing the above information) known this child?

_____Less than one month.

_____More than one but less than six months.

_____More than six months but less than one year.

_____More than one year.

21. In what capacity have you known this child?

_____Teacher in classroom.

_____Teacher in special area (specify)_____

_____School principal or assistant

_____Other. (specify)_____

22. Name of respondent providing information on this child.

_____

_____
(School)

23. Date completed_____

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APPENDIX B

A PARTIAL SUMMARY OF COMPLETED
CASES AND FINDINGS

A PARTIAL SUMMARY OF COMPLETED CASES AND FINDINGS

Name	Age	Diagnosis	Recommended Therapy
Chris D.V.	6 years	WPPSI well within the average range of his age group. Refuses to wear his hearing aid. Constantly subjected to criticism by his family. Depressed because he tries very hard to control his aggression. No verbal communication except to a few close family persons. Will not write on his own. Ear drums dull with drainage tubes inserted into the drums.	1. Must be encouraged to wear hearing aid at all times. 2. Therapy with a male therapist. 3. Enroll Mrs. D.V. in a therapeutic process where she can learn to handle Chris. 4. School to arrange for proper teacher for next year. 5. Male QCC student to work with Chris in language training. 6. Contact Speech clinic at Queens College with regard to language therapy.
Robert	10 yrs.	Spelling and handwriting extremely poor. Reading on a 3rd grade level even though he is in the 5th grade. Verbal IQ - 90; Performance IQ-97. Tries to constrict his impulses and emotional reactions. Great fear of criticism and humiliation. He withdraws into a cold, lonely shell where even fantasies are not allowed. Poor auditory span.	1. Advisor to meet with parents and recommend therapy for Robert and his parents. 2. Advisor to arrange for a QCC student to work with Robert for an hour a day. 3. Robert to continue with his tutor, who will be asked to supervise the QCC student. 4. Guidance Counselor to be advised to hold Robert over in his present grade, only as a last resort.
Mayra	14 yrs.	"Primary Reading Disability" The causations may be: 1. language disability 2. minimal brain dysfunction 3. endocrine imbalance	1. Tutoring in reading by Spanish speaking tutor. 2. Psychotherapy not feasible at this time.

Case studies continued

Name	Age	Diagnosis	Recommended Therapy
(Mayra continued)			Second Case conference with teacher and Guidance Counselor resulted in these recommendations 1. Tutoring be discontinued. 2. Mayra to be put into a special class for neurologically impaired children. 3. Psychotherapy to be considered in the near future. 4. A copy of Psychologist's report to be sent to School Guidance Counselor, upon receipt of signed release from pupil's mother.
Freddie	16 yrs.	Has deficits in reading and math. Has a number of personal conflicts and discomforts. Feels insecure and is torn between his parents and their different desires and life styles. Conflict over agresion as well as in the area of masculine identification.	1. Advisor to meeting with parents to recommend that Freddie be permitted to go into the service after he finishes high school. 2. Advisor to suggest that Freddie seek proper counseling before deciding what branch of service to enlist in. 3. Individual tutoring, outside of the home, to help Freddie with his writing. 4. Tutoring be arranged through school's Guidance Counselor.

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